

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis  
 Township Central  
 City Maplewood

Registration District No. 786Primary Registration District No. 4469No. 3519 CambridgeFile No. 24289Registered No. 40

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mrs. Sarah A. Loomis(a) Residence, No. 3519 Cambridge St.

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>M. S. Loomis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>5</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) New York City  
(STATE OR COUNTRY) New York13. NAME Martina Estelow14. BIRTHPLACE (CITY OR TOWN) Burlington  
(STATE OR COUNTRY) New York15. MAIDEN NAME Sarah S. Swathel16. BIRTHPLACE (CITY OR TOWN) New York  
(STATE OR COUNTRY) New York17. INFORMANT Grace M. Loomis  
(ADDRESS) 3519 Cambridge

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethaniam DATE July 31, 193319. UNDERTAKER Parker and Co  
(ADDRESS) Wheeler Street20. FILED July 29, 1933 Mercedes Schuster  
Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th, 193322. I HEREBY CERTIFY That I attended deceased from July 27, 1933 to July 28th, 1933I last saw her alive on July 28th, 1933 Death is saidto have occurred on the date stated above, at 110 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditisDate of onset June 15th, 1933

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Mr. Brownard, M. D.(Address) 3500 Cambridge  
Maplewood, Mo.

